

Department of Mental Health
Routine Disclosures – Chart # 2
Service & Treatment – Eligibility, Planning, Provision

Purpose of Disclosure	Disclosed to	Authority for Disclosure (When the authority is a document, a copy of the authorizing document must be in the DMH records for the disclosure to occur)	Permitted Amount of Information to be Disclosed (May be verbal or written unless limited by the authority for disclosure)	Special Requirements
Assessment and service planning for mental health services while in place of detention/BSH or for discharge from place of detention/BSH (forensic Transition Team Assessment)	Places of detention and Bridgewater State Hospital	Authorization by individual or Personal Representative, if any	As specifically needed for assessment and service planning or as otherwise specified in the authorization	
Benefits/entitlements	Benefits/entitlements agency (including Social Security administration, CMS, Veterans Administration, DSS, Mass. Rehab. Comm., Transitional Assistance, etc.)	Authorization by individual or Personal Representative, if any, or best interest as provided in 104 CMR 27.17 or 28.09	Name, date of birth, Social Security number, and/or other required information	
Eligibility and needs assessment for community clients; assessments for hospitalized patients	Service providers; family; employers; others	Authorization by individual or Personal Representative, if any	As specified in the authorization	
Employment facilitation (including both job applications and on-the-job situations)	Employer	Authorization by individual or Personal Representative, if any	As specified in the authorization	
Family and friends visiting or inquiring about a DMH inpatient or residential client or accompanying a client to a community appointment	Family or friends	Authorization or verbal consent by individual or Personal Representative, if any	An inpatient's presence and status in the facility may not be released to persons who do not already know that the patient is there. Visitors may only be allowed access to a patient	

VERIFICATION

Prior to making any permitted disclosure of Protected Health Information (PHI), DMH must (1) verify the identity of the party to whom the PHI is to be disclosed and (2) confirm that the party has the proper authority to receive the PHI. See Chapter 10, Verification of the Identity and Authority of the Requester. *If there is any doubt about the identity of the receiver and/or the authority to disclose the PHI, the PHI should not be disclosed and the DMH Privacy Officer or Legal Office should be contacted for assistance.*

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			upon approval by the patient. A community residential client's residential status at the program may not be released to persons who do not already know that the patient is there. Clinical information may be conveyed to the family member or friend only with the client/patient's explicit consent	
Financial Services: facilitate the application for and provision of financial services to patients/clients	Financial services providers (e.g., banks, credit card providers, loan providers, collection agencies)	Authorization by individual or Personal Representative, if any	As specified in the authorization	
Funeral arrangements for clients/patients	Funeral Director	Authorization by individual or Personal Representative, if any, or best interest as provided in 104 CMR 27.17 or 28.09	Identifying information, family and obituary information, and other information needed to arrange burial	
Housing: facilitate the obtaining, maintaining, and paying for client/patient housing	Housing providers, utility companies, and companies or persons who provide goods or services to residences	Authorization by individual or Personal Representative, if any	As specified in the authorization	
Licenses application (e.g., driver's license; professional license).	License agency (including Registry of Motor Vehicles, Board of Registration etc.)	Authorization by individual or Personal Representative, if any	Name, date of birth, Social Security number, and/or other required information	

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Medication coordination	Communication between a Client's residential program and day program	104 CMR 28.06(13)	Copy of approved medication form as specified in regulation	
Parole/Probation: facilitate parole/probation application and facilitate parole/probation monitoring	Parole Board or Probation Officers	Court order or authorization by individual or Personal Representative, if any	As specified in the authorization or order	
Periodic review: notice of periodic review	Next of kin	G.L. c.123, § 4; 104 CMR 27.11(2)	As specified on form for this purpose	Notices may not be given if patient knowingly objects
Pharmacy and medical goods/supplies: facilitate ordering, obtaining and reimbursement for drugs and medical goods	Pharmacies and medical goods providers	Authorization by individual or Personal Representative, if any. A best interest as provided in 104 CMR 27.17 or 28.09A may be used for reimbursement only	As specified the authorization	
Quality assurance	Individuals authorized by DMH to monitor quality of services to clients	Authorization by individual or Personal Representative, if any, or best interest as provided in 104 CMR 27.17 or 28.09	May view and/or receive copies as requested	
Service planning and treatment planning	Service providers; family; employers; others	Authorization by individual or Personal Representative, if any.	As specified in the authorization	
Service provision: facilitate application for, provision of, and reimbursement for outpatient and inpatient	Health care providers	Authorization by individual or Personal Representative, if any. See exception under Treatment, emergency	As specified in the authorization	

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health care providers				
Transfer: interstate transfer of psychiatric inpatient.	Interstate compact coordinator of receiving state and or receiving out of state facility	Authorization by individual or Personal Representative, if any, or best interest determination under compact	Entire record if requested by the other state or as specified in the authorization	
Transfer: notice of transfer	Next of kin	G.L. c.123, §3; 104 CMR 27.08(7)(b)	As specified on DMH notice of transfer form	Notices may not be given if patient knowingly objects
Transfer: facility to facility	Facility	Authorization by individual or Personal Representative, if any, or best interest as provided in 104 CMR 27.17 or 28.09	Entire record if requested by the other facility	Patient must meet the criteria for commitment pursuant to G.L. c123, §7 & 8
Treatment and assessments, routine	Service providers; family; employers; others	Authorization by individual or Personal Representative, if any	As specified in the authorization	
Treatment and discharge planning	Medical or psychiatric facility <u>currently</u> caring for the patient	Authorization by individual or Personal Representative, if any, or best interest as provided in 104 CMR 27.17 or 28.09	As requested by a licensed healthy care provider of the facility	
Treatment, emergency: provide patient care in a life threatening emergency situation.	Emergency health care providers	Authorization by individual or Personal Representative, if any, or best interest as provided in 104 CMR 27.17 or 28.09	Information which is relevant to the treatment of the emergency situation	Client/patient must be informed of the emergency disclosure as soon as possible

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Treatment, emergency psychiatric hospitalization/evaluation	Hospitals or emergency service programs	G.L. c123, §12	Information as needed	
Vendors – ongoing communications (to and from) DMH contracted vendors regarding clients being served by a vendor for treatment, payment and or health care operation purposes	Service providers	Authorization by individual or Personal Representative, if any, or best interest as provided in 104 CMR 27.17 or 28.09 and Business Associate Terms and Conditions	Information as needed	
Vendors or other community resources - referral to	Service providers; family; employers; Department of Medical Assistance, Veterans Administration	Authorization by individual or Personal Representative, if any	Information as required for continuity of care or as otherwise specified in the authorization	
Volunteer activities facilitation (both volunteer applications and on the volunteer job situations)	Volunteer coordinator for volunteer site	Authorization by individual or Personal Representative, if any	As specified in the authorization	

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